



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
301 WEST HIGH STREET — ROOM 470
P.O. BOX 200
JEFFERSON CITY, MO 65105-0200
STATEMENT OF NON-LITIGATION

FORM
1398
(REV. 7-2006)

TELEPHONE (573) 751-7195 FAX (573) 526-7365

CASE NUMBER

I, _____, do hereby state that I was involved in a motor vehicle accident on _____, as vehicle operator and/or owner, and that one year has elapsed since the accident and I have not been served with any papers naming me as defendant in any action of law because of injuries or damages resulting from this accident. The other parties involved were _____

(MONTH, DAY, YEAR)

I state that the information contained on this form is true and accurate to the best of my knowledge.

SIGNATURE

DRIVER LICENSE NUMBER

DATE OF BIRTH

ADDRESS

CITY

STATE

ZIP CODE

MO 860-0439 (7-2006)

DOR-1398 (7-2006)



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